



**Grow With WIC
2006
Training Registration Form**

Please Print Clearly:

Trainee's Name _____

Email _____

Trainee's Job Role(s) ☐ Clerk ☐ Certifier ☐ Clerk/Certifier ☐ MSS
☐ Coordinator ☐ Nutritionist ☐ Other _____

Agency _____ **Clinic Name** _____

Clinic Phone () _____ - _____ **Clinic Fax** () _____ - _____

Mail confirmation packet to: ☐ My clinic ☐ My home

Street _____

City _____ **State** _____ **Zip** _____

☒ **Yes! I want to attend: (check boxes below)**

Core WIC

☐ January 10-13

☐ July 18-21

☐ March 14-17

☐ September 19-22

☐ May 2-5

☐ November 14-17

New Nutritionist Training

☐ June 27-29

☐ November 28-30

**RGM: New Coordinator
Training**

☐ May 16-18

☐ December 5-7

RGM: Learning to Lead

☐ April 19-20 (Seattle)

COORDINATOR ONLY

☐ Personnel cost (i.e. salary and benefits) reimbursement is requested for this **part-time** staff person.

Coordinator Name: _____ **Phone:** _____

Email: _____ **Fax:** _____

Mail, e-mail or fax completed form to:

Robert Hunter
Washington State WIC Program
PO Box 47886
Olympia WA 98504-7886
Fax: (360) 236-2320
robert.hunter@doh.wa.gov

Please contact us if you have a breastfeeding
baby so we can support you during training!

Sara Knight at 1-800-841-1410 x 3664 or
sara.knight@doh.wa.gov

Visit www.doh.wa.gov/cfh/WIC
for additional information about WIC trainings